

EMPLOYMENT APPLICATION FORM

VACANCY DETAILS			
Position Applied For:			
Salary Expectation:	Minimum: \$		Maximum: \$
Branch/Location:	Collingwood <input type="checkbox"/>		Auckland <input type="checkbox"/>

PERSONAL DETAILS	
Name:	
Residential Address:	
Email Address:	
Home Phone:	
Mobile Number:	

WORK/LEGAL STATUS				
Are you entitled to work in NZ?			Yes	No
If yes please select:	NZ Citizen	Permanent resident	Working Visa	
If on a Working Visa please provide type and expiry:				

EMPLOYMENT HISTORY <small>(please start with current or most recent employer)</small>	
Employer 1:	
Position Held:	
Dates of Employment:	
Reason for Leaving	
Employer 2:	
Position Held:	
Dates of Employment:	
Reason for Leaving:	

GENERAL	
What is your highest educational qualification?	
Have you ever been imprisoned in NZ or any other country or had criminal charges laid against you?	
Have you ever been dismissed or subject to an investigation for dishonesty?	
If yes to any of these please provide specific details:	
Have you had any back, neck, or spine injuries, RSI (Repetitive Strain Injury) or OOS (Occupational Overuse Syndrome)?	

Do you have any general condition (mental or otherwise), disease or health issues that could impact on your ability to carry out the type of work you are applying for?	
If yes to any of the above question please provide specific details:	

AVAILABILITY TO WORK		
Are you applying for Full Time or Part Time employment?	Full	Part
Are you prepared to work a seven-day roster?	Yes	No
If your application is successful when would you be available to start:		

REFEREES (Ideally these should be your current and/or previous Managers)	
Name of Referee 1:	
Their Current Position:	
Organisation:	
Your relationship to this person (eg former Manager):	
Contact Numbers:	
Name of Referee 2:	
Their Current Position:	
Organisation:	
Your relationship to this person (eg former Manager):	
Contact Numbers:	

DECLARATION (Please read this section carefully and sign as required)	
<ul style="list-style-type: none"> I understand the information I have supplied on this application form is to assess my suitability for employment with HealthPost Ltd. I acknowledge that I have read, understood and agree to the above conditions. I declare to the best of my knowledge, the answers to the questions on the application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed I may be dismissed. 	
Your Signature	Date

Thank you for applying to HealthPost Ltd. We look forward to assessing your application.

Please email this form to recruitment@healthpost.co.nz